

STATE OF MONTANA - DEPARTMENT OF LIVESTOCK

MILK CONTROL BUREAU PO BOX 202003 HELENA MT 59602-2003 PHONE: (406) 444-2875 FAX: (406) 444-1432 E-MAIL: <u>LivMilkControl@mt.gov</u>

Jobber/Import Jobber License Application - Fiscal Year 2018 (July 1, 2017 - June 30, 2018)

Please review the information below, update, and return this form to the Milk Control Bureau with the required license fee of \$2.00 before July 1, 2017.

After the bureau processes your fee and application, it will mail the license to the specified mailing address.

Montana Dept. of Livestock Licenses

Milk Control Bureau # Milk and Egg Bureau #

		Milk and Egg Bureau #		
Change or Correct Business Name?	Yes No			
If Yes, New Name:				
Change Mailing Address?Yes N	0			
If Yes, New Address:				
Primary/Preferred Contact Person:		Title:		
Telephone: Business:	Mobile:	Other:		
Email Address:				
Business Physical Address:				
Business is a: Sole Proprietor	ship Limited Lia	ability Company*		
Partnership*	Corporatio	n*		
*Attach list of names and addre	sses of directors, owners, o	r officers.		
Montana Processor(s) supplying milk p	roducts:			
(Plant Name & City)			_	
(Plant Name & City)			_	
Out-of-State Processor(s) supplying mi	k products:			
(Plant Name & City)			_	
(Plant Name & City)			_	
I certify that the business holds all licent that in the case of milk entering Montar requirements of the Montana Food, Dru	na from another state or for	nent of Livestock for the con eign nation, the business is i	duct of this business and n compliance with the	
Signature of Applicant/License Ho	lder	Date		
Print or Type Name				